

## HA - Headaches

### **HA-AP      ANATOMY AND PHYSIOLOGY**

**OUTCOME:** The patient/family will understand the basic the AP of their particular type of headache.

**STANDARDS:**

1. Explain that headaches are multifactorial and the pathophysiology is dependant on the disease process.
2. Discuss the pathophysiogoly and related anatomy of this patient disease process.

### **HA-C      COMPLICATIONS**

**OUTCOME:** The patient/family will understand the effects and consequences possible as a result of headaches, failure to manage headaches, or as a result of treatment.

**STANDARDS**

1. Discuss the possible complications, including:
  - a. Depression or other mood disorders
  - b. Suicidal behaviors
  - c. Domestic violence
  - d. Substance abuse
  - e. Substance use
  - f. Employment problems.
  - g. Relationship problems
  - h. Cognitive difficulties
  - i. Appetite change
  - j. Sensitivity to light and noise
  - k. Alteration in sleep patterns

### **HA-DP      DISEASE PROCESS**

**OUTCOME:** The patient/family will have a basic understanding of the headache pain symptoms, type (migraine, tension, sinus, or cluster) and the causes if known.

**STANDARDS:**

1. Explain that the patient is the primary source of information about the pain's location, quality, intensity, onset, precipitating, or aggravating factors, frequency of headache pain, and the measures that bring relief.
2. Discuss the current knowledge of this patient's type of headache.
3. Emphasize the importance of communicating information about the headache to the provider.
4. Discuss that the patient's presentation of symptoms is a unique combination of the type of pain, individual experiences and sociocultural adaptive responses.
5. Explain that headache pain may act as a warning sign of some problems in the body, including:
  - a. Sinus problems
  - b. Dehydration
  - c. Decayed teeth
  - d. Problems with eyes, ears, nose or throat
  - e. Infections and fever
  - f. Injury to the head
  - g. Physical or emotional fatigue
  - h. Exposure to toxic chemicals
  - i. High blood pressure
  - j. Sleep apnea
  - k. Mood disorders
  - l. Caffeine withdrawal (e.g., coffee, chocolate, tea, soft drinks)
  - m. Hangovers
  - n. Tumor (extremely rare)
6. Emphasize that influencing factors from internal and external changes are present. Some of these factors include:
  - a. Internal Factors: hormonal changes, stress, change in sleep habit
  - b. External Factors: weather changes, alcohol, bright/flickering light

**HA-FU FOLLOW-UP**

**OUTCOME:** The patient will understand the importance of follow-up and make a plan to keep follow-up appointments.

**STANDARDS:**

1. Discuss the importance of follow-up care.

2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.
4. Discuss important warning signs that would indicate earlier follow up is needed, including:
  - a. If the headache keeps you from your usual activities
  - b. If the headache lasts more than one day
  - c. If you have fever, stiff neck, nausea, or vomiting
  - d. If you feel drowsy or want to go to sleep
  - e. If you have had a recent head injury
  - f. If you develop eye pain, blurred vision, or trouble seeing
  - g. If you suspect the headache was caused by medicines
  - h. If you have persistent headaches seen by doctor
  - i. If the headache was the result of a head injury
  - j. If you have difficulty speaking
  - k. If you develop numbness or weakness of the arms or legs
  - l. If the headaches increase in intensity or frequency over time
  - m. If you experience instantaneous onset of severe headache
  - n. If the headaches require the daily use of pain-reliever medications
  - o. If the headache is experienced by very young children (preschool age)
  - p. If there is a new onset headaches in middle-aged people

#### **HA-L LITERATURE**

**OUTCOME:** The patient /family will receive literature about headache pain.

**STANDARDS:**

1. Provide the patient/family with literature on headache pain.
2. Discuss the content of the literature.

#### **HA-LA LIFESTYLE ADAPTATIONS**

**OUTCOME:** The patient/family will understand the lifestyle changes necessary to optimize performance of everyday activities and promote well-being.

**STANDARDS:**

1. Explain that treatment of headache pain is very individualized and may involve lifestyle adaptation, e.g., medication, rest and relaxation, exercise, stress-reduction, and/or internal or external changes.

2. Explain that exercise and social involvement (e.g., familial, traditional, cultural) may decrease the sense of pain and the depression and anger associated with pain.
3. Review lifestyle areas that may require adaptations, e.g., diet, substance use, rest and sleep patterns, physical activity, sexual activity, role changes, communication skills and interpersonal relationships.
4. Discuss lifestyle changes in relation to headache style.
5. Discuss techniques that may reduce stress and depression, such as meditation, maintaining regular sleep patterns, exercise program, hobbies and crafts, acupuncture, spiritual and cultural activities, or biofeedback training.
6. Refer to community resources as appropriate.

#### **HA-M        MEDICATIONS**

**OUTCOME:** The patient/family will understand their medication regimen and the importance of fully participating with the therapy.

**STANDARDS:**

1. Review proper use, benefits and common side effects of prescribed medications.
2. Discuss that there are many medications for the treatment or prevention of headaches and that narcotics are usually not indicated.
3. Explain that excess sedation and euphoria are not goals of palliative pharmacotherapy.
4. Emphasize that headache pain is not always completely understood and it is often necessary to take prophylactic medicines to assure optimal comfort levels. It is important to take preventive medication exactly as prescribed to prevent or reduce pain.
5. Discuss patient/family concerns about addiction. Explain the difference between psychological addiction and physical dependence upon prescribed medications. Reinforce that addiction is psychological dependence on a drug and is not equivalent to tolerance or physical dependence.
6. Emphasize the importance of consulting with provider before taking any OTC or herbal/traditional remedies.
7. Discuss the use of adjunct medications, if indicated, to control analgesic side effects, e.g., anti-emetics, laxatives, antacids.

#### **HA-MNT     MEDICAL NUTRITION THERAPY**

**OUTCOME:** The patient and family will have an understanding of the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

**STANDARDS:**

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
  - a. Assessment of the nutrition related condition.
  - b. Identification of the patient's nutritional problem.
  - c. Identification of a specific nutrition intervention therapy plan.
  - d. Evaluation of the patient's nutritional care outcomes.
  - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

**HA-N          NUTRITION**

**OUTCOME:** The patient/family will understand the important contribution of healthy food choices and an adequate fluid intake in the treatment of headaches. They will be able to identify some dietary factors that may affect their headaches.

**STANDARDS:**

1. Assess eating habits.
2. Stress that eating regularly and not skipping meals is important.
3. Emphasize the necessary component—water—in a healthy diet.
4. Explain that constipation is a common side effect of some pain medications. Dietary measures such as increased water, increased fiber, increased fruit and decreased intake of milk products may be helpful.
5. Refer to dietitian or other local resources as indicated.

**HA-P          PREVENTION**

**OUTCOME:** The patient/family will understand that headaches have varying etiologies and the mechanisms are not known for many headaches. The patient/family will identify the precipitating factors, if known, and develop a plan to maximize prevention strategies.

**STANDARDS:**

1. Discuss strategies for identifying headache triggers (e.g., journal, activity, and food log).
2. Stress the importance of avoiding any known triggers.
3. Discuss that prophylactic medications must be taken as directed to be effective.

4. Emphasize that headaches seem to be more common during stressful times. **Refer to HA-SM.**

**HA-PSY      PSYCHOTHERAPY**

**OUTCOME:** The patient/family will understand that grief reactions and mood disorders are common with chronic headaches.

**STANDARDS:**

1. Discuss symptoms of mood disorders that may need additional professional support, sympathy, time, attention, compassion, and communication for patient/family.
2. Explain that if anti-depressant drugs are prescribed by the provider, full participation with the treatment plan is important to maximize the effectiveness of the treatment.
3. Explain that many mechanisms for dealing with grief and depression are available, e.g., support groups, individual therapy, family counseling, spiritual guidance.
4. Refer to community resources as appropriate.

**HA-SM      STRESS MANAGEMENT**

**OUTCOME:** The patient will understand the role of stress management in headache management.

**STANDARDS:**

1. Explain that uncontrolled stress may exacerbate the symptoms of headache. This can set up a cycle of pain-stress which becomes self-sustaining and may escalate.
2. Discuss that in chronic headaches, uncontrolled stress may lead to depression or other mood disorders.
3. Explain that effective stress management may reduce the severity of symptoms the patient experiences, as well as help improve the health and well-being of the patient.
4. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as inappropriate eating, all which can increase the severity of pain.
5. Discuss various stress management strategies which may help maintain a healthy lifestyle. Examples may include:
  - a.      Becoming aware of your own reactions to stress
  - b.      Recognizing and accepting your limits
  - c.      Talking with people you trust about your worries or problems

- d. Setting realistic goals
  - e. Getting enough sleep
  - f. Maintaining a reasonable diet
  - g. Exercising regularly
  - h. Taking vacations
  - i. Practicing meditation
  - j. Practicing self-hypnosis
  - k. Using positive imagery
  - l. Practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
  - m. Participating in spiritual or cultural activities
6. Provide referrals as appropriate.

**HA-TE TESTS**

**OUTCOME:** The patient/family will understand the tests to be performed.

**STANDARDS:**

1. Explain the test ordered.
2. Discuss the necessity, benefits and risks of the test to be performed, as appropriate, including possible complications that may result from not having the test performed.
3. Explain how the test relates to the course of treatment.
4. Explain any necessary preparation for the test.
5. Discuss the meaning of the test results, as appropriate.

**HA-TX TREATMENT**

**OUTCOME:** The patient/family will understand the possible treatments that may be available based on the specific history, test results, and individual preferences.

**STANDARDS:**

1. Discuss with the patient/family the possible appropriate noninvasive pain relief measures, e.g., massage, heat, cold, rest, over-the-counter medications, books, or tapes for relaxation.
2. Discuss with the patient/family the possible alternative pain relief measures, when appropriate, e.g., meditation, imagery, acupuncture, healing touch traditional healer, biofeedback, hypnosis.

3. Discuss with the patient/family the possible appropriate pharmacotherapy. **Refer to HA-M.**
4. Discuss with the patient/family other possible approaches, e.g., lifestyle changes, physical therapy, nutritional changes, stress management, or psychotherapy.
5. Emphasize the importance of the patient/family's active involvement in the development of a treatment plan.